

St.Catharines

163 Scott Street

T 905-934-5432 F 905-934-5444

stcath@niagaraoralsurgery.com

Welland

477 King St. Suite 204

T 905-788-2100 F 905-788-2122

welland@niagaraoralsurgery.com

Niagara Falls

5470 Drummond Road

T 905-353-0117 F 905-353-0555

nf@niagaraoralsurgery.com

Dr. Carriero

Dr. Gervais

Dr. Bosco

Please note that an incomplete referral may delay appointment scheduling

Patient: _____ M F DOB: _____

Primary Contact Name: _____

(If different from patient)

Numbers (1) _____ (2) _____

Email : _____

Appointment information: Patient will call Please call patient

One has already been scheduled on: _____

8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8
8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8

E D C B A	A B C D E
E D C B A	A B C D E

RECORDS: Please take radiograph Periapical(s) Panorex /Date taken: _____

Digital (emailed) Mailed Given to patient

INSURANCE: (please bring wallet card)

Private insurance Ontario Works ODSP HSO

RELEVANT MEDICAL HISTORY: detailed list from pharmacy is preferred

Premedication Anti-coagulant Diabetic Bisphosphonate

Reason for premed: _____

Reason for Referral:

Extraction Pathology /Biopsy Implantology (Bicon or / Straumann) Orthodontic Exposure

Referring Doctor: Print: _____ Signature: _____

Please bring the following to your appointment: •List of medications • Dental Insurance • Health Card